

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Green</u>	BUREAU OF VITAL STATISTICS <u>113</u>	State Index No. <u>843</u>	
District of _____	ORIGINAL CERTIFICATE OF BIRTH		Co. Register No. <u>85</u>
Town of <u>Miami</u>	Local Registrar's No. _____		
or _____	(No. _____)	St; _____	Ward) _____
City of <u>Tucson</u>	FULL NAME OF CHILD <u>Francis Emanuel</u>		Born <u>YES</u>
If child is not named, make Supplemental Report on blank obtainable from local registrar.			Alive <u>NO</u>
Sex of Child <u>Male</u>	Twin <u>NO</u> Triplet <u>NO</u> or other _____	and _____	Number in order of birth _____
Date of Birth <u>March 16</u> 191 <u>5</u>		Legit. match <u>YES</u>	
(Month) (Day) (Yr.)			
FATHER		MOTHER	
Full Name <u>Jose Emanuel</u>		Full Maiden Name <u>Guadalupe</u>	
Residence <u>Miami</u>		Residence _____	
Color or Race <u>Mexican</u>	Age at last Birthday <u>34</u> (Years)	Color or Race <u>Mexican</u>	Age at last Birthday <u>27</u> (Years)
Birthplace <u>San Diego Calif</u>		Birthplace <u>Tucson Ariz</u>	
Occupation <u>Mechanic</u>		Occupation <u>Housewife</u>	
Number of child of this mother <u>3</u>	Number of children, of this mother, now living <u>3</u>	Were precautions taken against Ophthalmia neonatorum? <u>YES</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child; and that it occurred on <u>March 16</u> 191 <u>5</u> , at <u>5934</u>			
{ *When there is no attending phys- cian or midwife, then the householder should make this return.		(Signature) <u>Helen D. Branton</u> (Attending physician, midwife, householder. *)	
Given or christian name added from a supplemental report _____ 191 <u>5</u>		Address _____	
<u>653-316-700</u> COUNTY REGISTRAR.		Filed <u>Apr 1st</u> 191 <u>5</u> <u>John H. Loe</u> LOCAL REGISTRAR.	
		Filed <u>May 5</u> 191 <u>5</u> <u>By J. Loe</u> COUNTY REGISTRAR.	